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22440 7590 03/29/2004

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Susan PIPERNO	(Depositor's name)
<i>Susan Piperino</i>	(Signature)
June 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/996,769	11/30/2001	Peter Craig Farrell	P 282769 P034US2	5358

TITLE OF INVENTION: NASAL VENTILATION AS A TREATMENT FOR STROKE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEISS JR, JOSEPH FRANCIS	3743	128-204180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RESMED LIMITED

NEW SOUTH WALES, AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies three (3)

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1730 (enclose an extra copy of this form).

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/08/2004 JADD02 00000023 09996769

01 FC:1501

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02 FC:1504

300.00 OP

03 FC:8001

9.00 OP

TRANSMIT THIS FORM WITH FEE(S)



3869/042

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : FARRELL et al
SERIAL NO. : 09/996,769
FILING DATE : November 30, 2001
GROUP ART UNIT : 3743
EXAMINER : WEISS JR., Joseph Francis
TITLE : NASAL VENTILATION AS A TREATMENT FOR STROKE
CONFIRMATION NO.: 5358

NOTICE OF ALLOWANCE

Mail Stop Issue Fee
Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance mailed March 29, 2004 for the above-identified patent application, please find enclosed a credit card payment in the amount of \$1639.00. The amount includes the Issue Fee of \$1330, the Publication Fee of \$300.00, and three (3) advance copies of the patent. Also enclosed is the Fee Transmittal and the Return Receipt Postcard.

The Commissioner is authorized to use Deposit Account No. 07-1730 if necessary for any additional expenses that may be required or to credit any overpayment.

Respectfully submitted,
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Date June 25, 2004



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